

# CVP dba North Davidson Veterinary Hospital

## Boarding Policy and Contract

Date Owner/Client Called Facility: \_\_\_\_\_

Guest(s) Name(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Boarding Dates:

From: \_\_\_\_\_  
To: \_\_\_\_\_

Owner/Clients Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Phones: \_\_\_\_\_ or \_\_\_\_\_

<b><u>Vaccination Requirements:</u></b>	<b>Dogs:</b>	DA2PPV	Bordetella	Rabies	Flu
	<b>Cats:</b>	FVRCP	Rabies		

**\*Owners must provide proof of vaccines, if the pet(s) is/are not current on vaccinations, or proof cannot be provided, NDVH will administer the necessary vaccines at the owner's expense and NDVH will not be responsible for contracted illnesses/diseases.**

Is there any person, type of dog or situation your pet(s) is/are uncomfortable with?

No  Yes If yes, explain: \_\_\_\_\_

Has your pet(s) ever bit anyone?  No  Yes If yes, explain: \_\_\_\_\_

Can your pet be aggressive?  No  Yes If yes, explain: \_\_\_\_\_

Does your pet(s) have any medical conditions/restrictions?  No  Yes If yes, explain: \_\_\_\_\_

Wet Food:  No  Yes

Blankets (not recommended):  No  Yes

Does your pet(s) need any type of medication?  No  Yes If yes, explain the type/usage: \_\_\_\_\_

**There is an additional charge of \$7.50 per day for NDVH to administer medications, owner/clients MUST bring their own medications or owner will be charged the cost of medicine.**

Client/Owner Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Pet(s) Name(s): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**WARNING: READ THIS AGREEMENT CAREFULLY. THIS DOCUMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS AND DEPRIVES YOU OF THE RIGHT TO TAKE LEGAL ACTION AGAINST NDVH AND RELATED PARTIES. DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ IT IN ITS ENTIRETY. IF NEEDED, SEEK THE ADVICE OF LEGAL COUNSEL BEFORE SIGNING.**

In consideration for my pet being permitted to board at NDVH, I make the following representations and agree to all of the following policies, procedures, terms and conditions.

**Abandonment:** If I abandon my pet(s) at NDVH, ten (10) days after the last boarding date stated on page 1 of this agreement, I fully understand NDVH becomes the legal owner and guardian of the pet(s). If NDVH does not receive notification from me, or notified of my willingness to pick-up my pet(s) by a personal representative or me, it will be the sole discretion of NDVH to determine how to proceed with the abandoned pet(s). I further understand I will have NO RECOURSE against NDVH as stated above, for the abandonment of my pet(s).

**Aggressive Pet(s):** My pet(s) is/are not aggressive, protective, or considered at risk or harm to an individual or another animal. If my pet should harm an individual or another animal within the facility, I will be held responsible for any and all expenses incurred to treat that individual/pet.

**Bedding/Toys:**

We request owner/clients **not** bring bedding or toys from home. If bedding or toys are provided NDVH, will not be responsible for lost/damaged/stolen items. \*Pets that require special feeding or medicine will result in additional charges.

**Cancellation:** NDVH must be notified forty-eight (48) hours in advance of the first boarding date. **I understand that I will be charged a \$43.00 cancellation fee if I fail to notify NDVH forty-eight (48) hours in advance.**

**Fleas/Ticks:**

NDVH has a responsibility to provide a healthy environment; all animals are inspected for fleas and ticks. If fleas or ticks are found, the pet will be given an application of flea/tick prevention at the owner's expense.

**Medical Condition(s):** I have disclosed and will continue to disclose all medical conditions of my pet(s), including but not limited to personality or medical concerns that may affect my pet(s).

**Medication(s):** There is an additional charge of \$7.50 per day for NDVH to administer medications. Owner/clients **MUST** bring their own medications or owner will be charged the cost of medicine.

**PICK-UP:** Hours of pick-up are Monday through Friday 8:00 am to 5:30 pm; Saturdays 8:00 am through 1:00 pm. An after-hours charge of \$103.00 will apply if pets are not picked up during regular business hours.

**Risks:** I fully understand that there are inherent and potential risk involved with the interaction between humans and other pets, which may result in property damage or bodily injury including but not limited to permanent disability, sickness or death to humans or pets. There may be other risks not known to me nor readily foreseeable at this time (collectively risks) I fully accept and assume all liability and responsibilities for all risks, including without limitation, all losses, cost and damages incurred as a result of my pet(s), including veterinarian expenses incurred on behalf of my pet(s) for sickness, illness or injury. I fully understand my pet(s) will be in a Veterinary facility and there are inherit risks of exposure to disease and other illnesses. NDVH does not assume any liability, understanding the risk; I agree to incur any and all expenses that may arise. I agree to allow NDVH, at the sole discretion of the Veterinarian on staff, to administer medical treatment for my pet(s) if it becomes ill or exhibits any signs of behavior that would reasonably suggest it needs medical treatment.

**Vaccinations:** My pet(s) is/are current on all vaccinations and in general good health and free of fleas and ticks.

I HAVE READ AND FULLY UNDERSTAND THE TERMS, CONDITIONS AND POLICIES AND RELEASE NDVH FROM LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT. I HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT, AND IS INTENDED TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT PERMITTED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID OR UNENFORCEABLE, THAT THE REMAINDER OF THIS AGREEMENT SHALL REMAIN IN FULL FORCE AND EFFECT. I AGREE THAT IT IS INTENDED THAT ALL TERMS OF THIS AGREEMENT CONTROL DESPITE ANY PARTICULAR STATUTE OR LAW THAT WOULD OTHERWISE PROTECT ME OR MY PET(S).

**Owner/Client Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NDVH Representative Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_